

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
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42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND. 2							TOTAL IND.				
TOTAL DEP. 3							TOTAL DEP.				
TOTAL CLAIMS 5							TOTAL CLAIMS				